

TRICKETTS (ED.)

Chloroform in Labor.



CHLOROFORM IN LABOR.*

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In coming into this world, man preceded woman; then, as in all movements of man, woman soon followed. The first man (as are all since) was selfish, for he had to be impressed with the value and future worth of his to-be-child-bearing woman, by having a rib extracted from him for the initiatory propagation of his kind.

Courage, then as now, failed him; and for this, along with the possible begging that he should not be permitted to suffer during the instrumental delivery of the rib, he was put to sleep, but not until he had promised to ever bear in mind that all future prospective mothers should be relieved of at least the severer pains of child-birth. The promise was broken, and too many of his sons that have been and still are in the ranks of our profession, have followed his footsteps.

A second delivery of a rib for this father of our race, along with a similar delivery in our modern doctors, would bring all to terms; or, at least, the one who so readily promised in the beginning would promise again.

The opponents of chloroform in labor cite us to Holy Writ for evidence in their favor, forgetting divine authority, and

* Read before the Walnut Hills Medical Society,



that the same declares that the man was put into a deep sleep before the rib was removed. Why the woman that ushers into this world a human being, that we are told is the image of our Maker, should be permitted to suffer untold agonies, in more than the majority of instances, until "Nature" has delivered her successfully or disastrously, without our continued best efforts at relief, is beyond all comprehension.

Even a biliary colic, or one of a green apple kind, causes a man to send for the nearest female physician (and she nobly responds), insisting on the quickest medication for relief, while the good wife that within a few days is to take on these pains which none but her similar suffering sister can fully realize, is politely, yet firmly, told by this liege lord to "grin and bear it—let nature have her course;" and he takes mortal offence at the merciful doctor that suggests relief for her by a few well-directed inhalations of chloroform.

We have too many doctors who think that, if they give chloroform, they will lose too much time. Such an one had better raise his obstetrical fees and do less but better work. How often do many physicians, during a case of labor, attend to all possible outside calls, and get in just in time to lay hands upon a rapidly turning delivered head? Then in action, if not in words, he leaves this impression: "I am the deliverer; how fortunate that I arrived in time." Such an obstetrician falls far below the requirements of his calling.

To relieve the pneumonic stitch is honorable; and he would hang around with his little needle-gun, and shoot and shoot until that pain was relieved. The pains of childbirth are none the less honorable because of the relief of these pains; so why does he run away from them?

If he remains and refuses to give relief, of what earthly obstetrical service is he? Any midwife can do as much. Let him do his duty in the way of relief of pain, and then the midwife ceases to be his strongest competitor; when he raises his standard, hers falls to the ground.

It is a fact that is well known, that chloroform is a potent remedy to administer in puerperal convulsions; none hesitate to give it under such circumstances. If this remedy is so beneficial as a curative agent, why is it not a prophylactic one also; or, at least, why will it not modify the severity of labor pains?

Wife, Mother—the dearest two names on earth! Are we, as physicians, sufficiently appreciative of their true worth, and do we honor them as we should in our efforts to relieve them in their common every-day happenings of child-birth? I am sure, for the commonness of this very important process, that we are prone to overlook the importance of our obstetrical mission—that of the relief of pain, along with all possible successful deliveries.

The immortal James Y. Simpson had the courage to show and prove to the world the beneficial results of chloroform in labor, and of the peculiar condition of women in safely withstanding its inhalations.

In the beginning of my obstetrical work I did not have the courage of my convictions, for the reason that my obstetrical teachings were against the use of chloroform under these conditions. Soon afterwards, I met the late Dr. T. G. Vaughters, of ———, near Portsmouth, Ohio, a rural practitioner of fifty years' standing, who had administered chloroform in labor to every woman who would take it for thirty-five years; you could not find him without a pound of chloroform in his time-honored saddle-bags. He let the patient inhale from the unstopped bottle. He, like many another of his kind, was loath to give the medical world his experience in print—an example that "Many a rose is born to blush unseen, and waste its sweetness on the desert air."

Obstetricians of the largest experience, that have used chloroform within a period of from twenty to forty years, such as Ghent, Barker, and Vaughters, gave it to patients suffering from a previously recognized heart lesion. The author of this paper has administered it in recognized heart

lesion of a most serious kind, and never with injury to the patient.

You must allay the fears of the patient, assuring her that it is seldom necessary to resort to surgical anæsthesia during the administration. Satisfy her by answering any questions she may ask, for by so doing you inspire the much-desired confidence. Never forget that coolness must begin with yourself; then you can inspire confidence in your patient.

Any drop-bottle—the Esmarch being the best I know of—can be used, and never forget that it is a difficult matter to give *little enough*. The chloroform should be warmed, as it gives prompter results and less discomfort; especially is this true in patients suffering from bronchitis or pulmonary tuberculosis.

A clean handkerchief, folded and placed in the palm of the left hand, on which from five to ten drops of chloroform has been put, is held near the nose and mouth; instruct the patient to begin by breathing naturally; this is a drill for her and acquaints her with the odor of the drug; explain to her the sensations that she is to experience, as this is very important, she understanding that she is to try and respond to any questions that you may ask her, such as, “Are you all right?” “Now do you feel any pain?” Impress upon her the importance of letting you know of the first appearance of the pain, at which time she is to begin successive, quick inhalations. You must be the judge as to when to begin its use.

If the pains at any time during the first stage are severe, there can be no objection to the use of a hypodermic injection of morphia, along with hydrate of chloral per rectum. If this fails, or the obstetrician chooses to rely upon chloroform for the relief of pain during the first and second stages, it is his duty not to withhold it.

After a digital examination to find out the position, have the patient assume the dorsal position, lying on the right side of the bed so that her face will be in full view. Have her draw up the limbs with the feet resting on the bed; set yourself on a chair to her right, facing her with

your right shoulder resting against her right drawn up knee; administer the chloroform with the left hand, while the right, during the termination of the second stage, can press the head up against the arch; with the head once delivered, your left hand is to lay aside the handkerchief and come to the assistance of the right in delivering the body and placenta.

As the pain increases in severity, prompter action of the drug is demanded; a little practice will soon teach you how often to renew the chloroform, while the patient will soon learn as to the coming and going of the pains.

Push the drug to the point of relief until the head is delivered, during which time, if the pains are continuous, push the remedy until relief is given; with the stretching of the perineum until the head is delivered, the patient can, in more than the majority of instances, reply to any question and yet not be conscious of pain.

We have on record about forty cases where death took place during the administration of chloroform in labor.

Post-partum hæmorrhage is a thing dreaded by friends, patient and physician. I have been so fortunate as never to see this condition following the administration of chloroform according to the simple rules laid down here; nor do I believe that surgical anæsthesia necessarily causes post-partums; tired out uterus, as the cause or result of long-drawn labors, can and do produce this dreaded condition.

Exhaust man's energy, then throw him into the water, and while he may, under favorable conditions, be a good swimmer, yet in this exhausted state he must necessarily drown. Overtax the best horse before the final race, and he is distanced; overstrain the athlete, and his work is far below that to be desired. With a woman in labor, worn out from fatigue and pain, does it not appear reasonable to conclude that she is especially liable to have post-partum hæmorrhage? Such a condition has been responsible for more deaths during and following child-birth than our remedy under consideration.

It is our duty to select a reliable brand of chloroform;

never allow self-administration with napkin, mug, or tumbler; the reason for this is that the chloroform vapor, being heavier than air, may anæsthetize the patient before you are aware of it; under such circumstances, the case is not thoroughly in hand. The specific gravity of the purest chloroform is 1.5022; of officinal, 1.485 to 1.480. When it contains a little alcohol, as usually found, the shop article has a specific gravity of about 1.475; when it contains more alcohol, it is less apt to become acid.

Chlorinated pyrogenous oil is a very injurious impurity. This may be detected by adding a few drops of strong sulphuric acid to a test-tube half full of the suspected chloroform; the amount of impurity can be approximated by the color thus obtained, ranging from a light straw to a reddish brown.

In giving chloroform, watch the face—note different expressions and changes in color of the lips; watch the pupils, the pulse, respiration, and the temperature of the extremities as imparted to you by the sense of touch.

Never administer the drug on a full stomach, as many deaths have been reported from chloroform that I am sure should have attributed to food getting into the air-passages during a vomiting effort. If possible, a saline purgative should have done its work, and if the stomach should be full from a recent meal an emetic should be given, after which the patient is prepared for the lying-in room in bed with her head resting on a moderately low pillow—never high; remove any false teeth and loosen all tight garments.

With the patient delivered of her child, and the after-birth entirely removed in a clean manner, without meddling midwifery—using Crede's method for an hour, showing and demonstrating to the patient how, by personal unilateral pressure, she can keep the "uterine watch," bid her good-day, and you will leave with the consciousness of having done your duty, along with the assurance of any who are present with her, who personally know and appreciate what a blessing she has received at your hands—one who so long as she lives, with or without its repetition, is

never to forget the service that you have rendered her. You will feel better as you leave the palatial, or, most frequently, the humble home; you will realize and know that you have honored woman, the world, our profession, and yourself, far more than it could be possible to do, had you made many an outside, between pain, cash call, getting in just in time to cut the recently tied cord, wash your hands, try to make amends for getting in late, possibly collect your unearned fee, say good-day, and then retire and drive rapidly to a similar case to repeat the obstetrical farce, or to the nearest telephone to ask for your orders on the office slate.

